

814785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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S. TALLENT

MAY 18 2017

R/A-CH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY -8 AM 10:50

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cotton States Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: 814785

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Johnson
Name of Contact Person

Firm/Company

1711 GE Road
Address

Bloomington, IL 61704
City/State and Zip Code

jodi.johnson@countryfinancial.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Johnson at (309) 821-3984
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COTTON STATES LIFE INSURANCE COMPANY
2. The principal office address: 13560 MORRIS RD, SUITE 4000
ALPHARETTA, GA 30004
3. The mailing address (if different): 1711 GE ROAD
BLOOMINGTON, IL 61704
4. Date of incorporation/qualification: 10/06/1994 Document number: 814785
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHIEF FINANCIAL OFFICER

1200 SOUTH PINE ISLAND RD, ATTN: CT CORP SYSTEM

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CORPORATION SERVICE COMPANY

1201 HAYS STREET

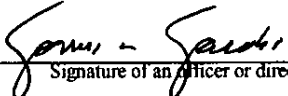
P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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17 MAY -8 AM 10:50
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

James M. Jacobs, General Counsel, Secretary, & Chief Legal Officer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

by: 
Signature of Registered Agent

5-1-2017
Date

If signing on behalf of an entity:

CAROLYN VALLE
Typed or Printed Name

*** FILING FEE: \$35.00 ***